

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

Date Of Report	05/09/2020 10:39
Date Of Accident	03/09/2020 17:45
Exact Location Of Accident	BLK 509A WOODLANDS DRIVE 14 1ST FLOOR CAR PARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKW451E
Insured/Policyholder	
Name Of Registered Owner	NATARAJAN SELVAKUMAR
NRIC No	SXXXX862B
Email Address	NSEL77@GMAIL.COM
Mobile Phone No	(LOCAL) +65-81551426
Alternative Phone No	OTHERS-96487990

Vehicle Particulars

Manufacturer	HONDA
Model	VEZEL 1.5X A
Exact Purpose for which vehicle was being used at time of accident	NORMAL USAGE
Are you claiming under your own insurance policy for repair to your vehicle?	YES
If No, Please state action to be taken	
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	GA352582
Cover Note Number	

Driver

Name of Driver	NATARAJAN SELVAKUMAR
NRIC No	SXXXX862B
Date Of Birth	07/07/1978
Occupation	INDOOR
Date Of Driving Pass	18/07/2016
Driving Experience	4 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-81551426
Fax Number	
Contact Number	OTHERS-96487990
Email Address	NSEL77@GMAIL.COM

Address	BLK 509 WOODLANDS DRIVE 14 #10-07
Postcode	730509
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	FIRE, EXPLOSION OR LIGHTNING
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	1
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	0

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	QUEENSTOWN N.P.C
Police Station Address	ROAD: 3 QUEENSWAY #01-03 , POSTCODE: 149073 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4719999 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO ATTACHED

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

Accident Sketch Plan

SKETCH PLAN

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7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.(collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents(including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.


Policyholder's Signature

Date & Time: 24/09/20
17:10

Driver's Signature
(If driver is not the policyholder)
Date & Time:



Reporting Centre Personnel's Signature
Name: Anna
NRIC/FIN No.:

Accident Sketch Plan

SKETCH PLAN

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO POLICE REPORT NO. D/20200904/2039

DECLARATION

I/We declare the foregoing particulars are true in every respect.

N. Debra Pugh
Policyholder's Signature

Date & Time: 04/09/20

17.10.15

Driver's Signature
(If driver is not the policyholder)
Date & Time:

Date & Time:



Reporting Centre Personnel's Signature

Name: Anna
NRIC/FIN No.:

NRIC/FIN No.:

Accident Sketch Plan



**SINGAPORE
POLICE FORCE**



D/20200904/2039

1 of 2

POLICE REPORT (NP299)

Report No. D/20200904/2039

Police Station Of Origin
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

Date/Time Report Made 04/09/2020 19:29	Vide Report No. L/20200903/0156	Station Diary No. 66
Name Of Informant NATARAJAN SELVAKUMAR	Address APT BLK 509 WOODLANDS DRIVE 14 #10-07 SINGAPORE 730509	
ID Type / ID No. NRIC NO / S7865862B	Contact No. Home/Office 81551426	Mobile
Nationality INDIAN	Email Address	
Occupation Technician	Sex Male	Age 42
Institution/School Name	Date of Birth 07/07/1978	Race Indian
Date/Time Of Incident 03/09/2020 17:30 - 03/09/2020 17:45	Location Of Incident 509A WOODLANDS DRIVE 14 MULTI STOREY CAR PARK SINGAPORE 731509 Ground floor	

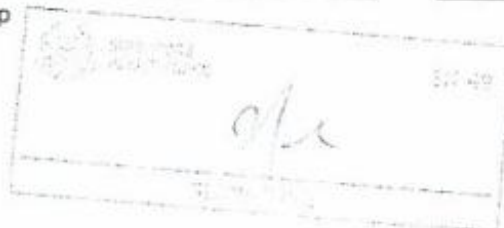
Brief details.

On 03/09/2020 at about 1730hrs, I was in the car bearing registration number SKW451E, with my wife. I was at Blk 509 Woodlands Drive 14, Multi Storey Car Park, ground floor. We alighted from the vehicle and my wife smelt smoke coming from the car's front passenger seat.

My wife then went home and I called my friend namely, Mayathevan Mayandi, HP: 84353025, came

Signature Of Officer Recording The Report: D / Sgt 3 HENG JINGWEN	Signature Of Informant: N. Rishan
Signature Of Interpreter: Not applicable	Date/Time: 04/09/2020 19:29
Officer In-Charge Of Case: "L" Division LEOW SU LING Contact No.: 67360091	Classification Of Case:

Authentication Stamp



Accident Sketch Plan



SINGAPORE
POLICE FORCE



D/20200904/2039

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. D/20200904/2039

down to assist me on the smoke smell. My friend then checked my car and could not detect the smell, my friend then suggested to top up coolant tank however it is full.

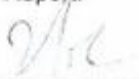
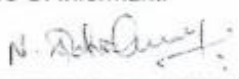

I then contacted my workshop who advised me to go to Ang Mo Kio workshop for them to check the car. When we drive about 1 to 2 metres, we saw a lot of white smoke coming from the front passenger seat.

I immediately stopped the car and opened all the doors. Subsequently, I observed a fire coming out from my car's front passenger seat. I then called SCDF for assistance who advised me to put out the fire using the fire hose reel. Together with my friend, we took the fire hose reel to extinguish the fire.

The fire was extinguished prior to SCDF's arrival. No damages to any neighbouring vehicles and nobody injured. No damage to government property as well.

I have owned this car for about 3 years, and it is a second hand car. The make and model is Honda Vezel.

I am lodging this report as I want to file for an insurance claim.

Signature Of Officer Recording The Report: D / Sgt 3 HENG JINGWEN 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 04/09/2020 19:29
Officer In-Charge Of Case: "L" Division LEOW SU LING Contact No.: 67360091	Classification Of Case:
Authentication Stamp 	

Accident Photo



Accident Photo



Accident Photo



Accident Photo



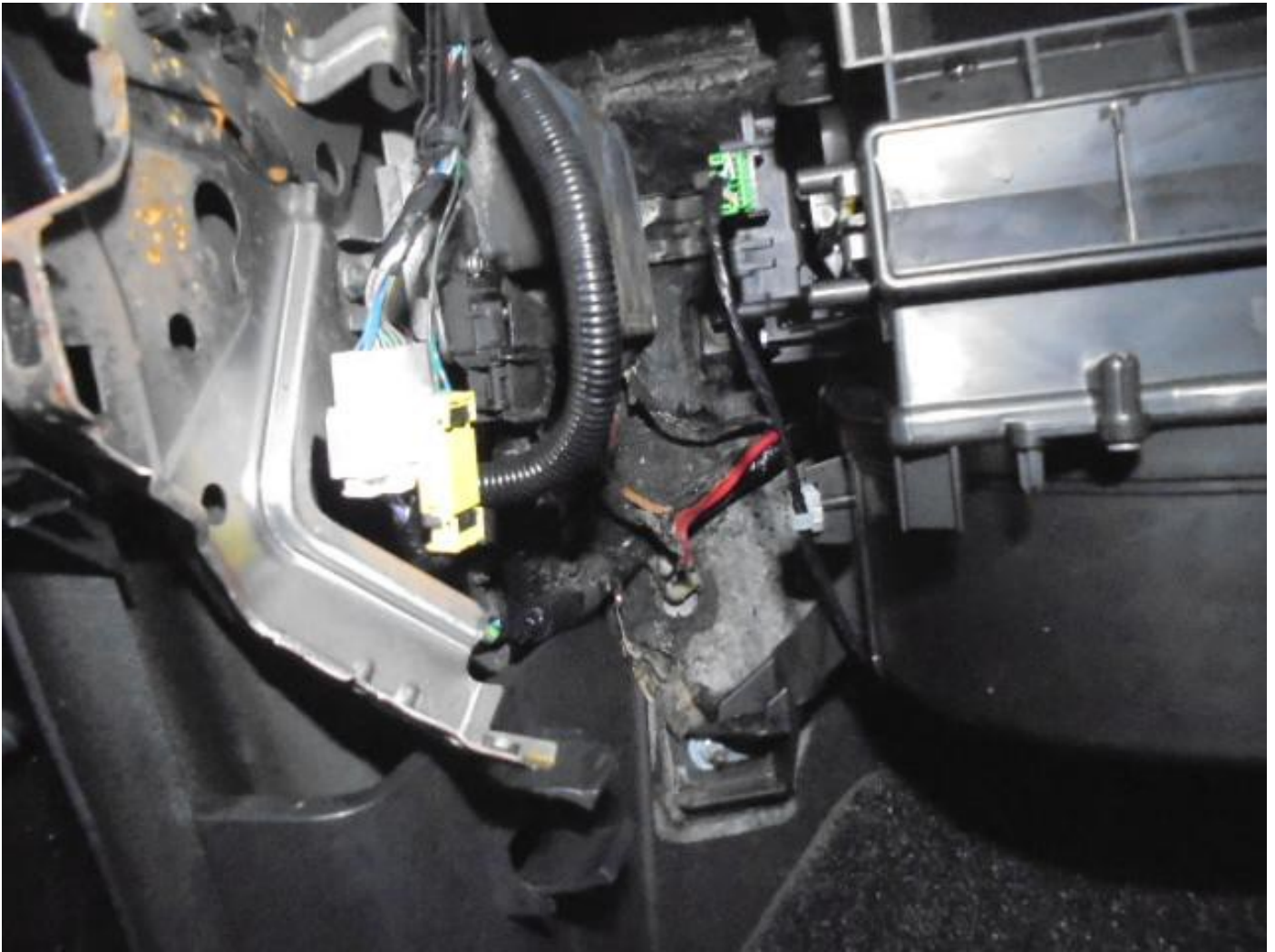
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